

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-030611

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 1219A
FILED AUG 20 1962

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY GREENE | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY WEBSTER | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD | | c. CITY OR TOWN FORDLAND | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DRS. MEMORIAL HOSPITAL, INC. | | d. STREET ADDRESS (If outside, give location) | |
| Length of stay in lb | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |

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|--|----------------------------------|---|---|---|---|
| 3. NAME OF DECEASED (Type or print) First Middle Last Winfield Scott Delman | | | 4. DATE OF DEATH Month Day Year August 8, 1962 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 5-13-1881 | 9. AGE (last birthday) 81 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) Walnut Ridge, Arkansas | |
| 12. CITIZEN OF WHAT COUNTRY U. S. A. | | | | | |

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|--|--|--|--|--|--|
| 13a. FATHER'S NAME Luthur Delman | | 13b. MOTHER'S MAIDEN NAME Mary McGee | | 14. NAME OF HUSBAND OR WIFE Mrs. Nell Delman - Wife | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. [REDACTED] | | 17. INFORMANT Address Mrs. Nell Delman - Fordland, Missouri | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory Failure. | | INTERVAL BETWEEN ONSET AND DEATH 5 min. |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) Cerebral Thrombosis. | | 30 days |
| DUE TO (c) Generalized Arteriosclerosis. | | Unknown |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |

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| 21. I attended the deceased from July 9, 1962 to Aug. 8, 1962 and last saw her/him alive on Aug. 7, 1962 | |
| Death occurred at 8-8-62 12:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated. | |

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|---|-------------------|--|-----------------------------------|
| 22a. SIGNATURE Harry R. Cignaw D.O. | (Degree or title) | 22b. ADDRESS 700 E. Sunshine Springfield, MO | 22c. DATE SIGNED 8-8-62 |
|---|-------------------|--|-----------------------------------|

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| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE 8-10-1962 | 23c. NAME OF CEMETERY OR CREMATORY FORDLAND CEMETERY | 23d. LOCATION (City, town, or county) (State) FORDLAND, MISSOURI |
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|---|--------------------------------|--|---|
| 24. FUNERAL DIRECTOR Kelley Ferrell | ADDRESS FORDLAND, MO | 25. DATE RECD. BY LOCAL REG. 8-17-62 | 26. REGISTRAR'S SIGNATURE Effie E. Melton |
|---|--------------------------------|--|---|

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

VS 300
Rev. 4/59**6397**
21120

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123-2**13**

OCT 25 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Mr. K. Terrell

Licensed Embalmer No. 4910

P. O. Address Rayville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit

Aug 8 - 1962